# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033369 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 367

FILED SEP 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0940
2 0900 2
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4 1
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12 86-2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bismarck
Length of stay in 1b: 3 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Colonial Nursing Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Reynolds
c. CITY OR TOWN: Ellington
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Nevada Last: Sutterfield

4. DATE OF DEATH: Month: 9 Day: 4 Year: 63

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 1-24-1881

9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months: 7 Days: 10
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Reynolds Co. Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Volnet

13b. MOTHER'S MAIDEN NAME: Rebecca Trollinger

14. NAME OF HUSBAND OR WIFE (Dec): Thomas A. Sutterfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser: No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Beulah Wallace - Ellington Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): DecompensatedHypertensive Heart Disease — years
DUE TO (c): Arteriosclerosis — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes [ ] No [X] Unknown [ ]

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 13, 1963 to Sept 4, 1963 and last saw her alive on Sept 2, 1963
Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. M. Beck (Degree or title): D. O.

22b. ADDRESS: Bismarck, Missouri

22c. DATE SIGNED: 9-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-7-63

23c. NAME OF CEMETERY OR CREMATORY: West Fork Cemetery

23d. LOCATION (City, town, or county) (State): Bunker Mo.

24. FUNERAL DIRECTOR: Chas Pruett ADDRESS: Ellington, Mo

25. DATE REC'D BY LOCAL REG.: Sept. 6, 1963

26. REGISTRAR'S SIGNATURE: Esther Rudolph

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chas L Leavitt

Signature of Student Embalmer

Licensed Embalmer No. 4524

P. O. Address Ellington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.